Education Development Directory



**December 2023**

**Deputy and Associate Deans’ Education Development Directory**

The NHSE NW Deputy and Associate Deans (DDs and ADs – hereafter abbreviated to ADs) are able to provide educational support in the following areas via a range of interventions i.e. workshops, presentations, lectures, etc. Some of these are available on a personal basis; others may be prepared by a Lead AD but delivered by other ADs.

**Requests for sessions are to be made via the Faculty Development NHSE NW inbox at "EDUCATORDEVELOPMENT.NW (NHS ENGLAND - T1510)"** [england.facultydevelopment.nw@nhs.net](mailto:england.facultydevelopment.nw@nhs.net) **Please include as much information as possible regarding your requirements and this will be forwarded to the relevant AD to respond. ADs are asked to gain feedback on each session, so that NHSE NW can judge demand and popularity.**

**Generic Topics Available from all Associate Deans (ADs)**

There are a number of generic workshops, presentations, lectures, etc. that all ADs are able to deliver. These include:

* Giving feedback
* How to write an ES End-of-Year report
* Trainees Requiring Extra Support, TRES (formerly Drs in Difficulty, DIDs)
* Support for educators in difficulty
* Supporting departments that are struggling
* Educational governance (roles of Trust, HEE, GMC, Medical Royal Colleges and individuals within these)

This list is not exhaustive and other topics may be added. Additional support is available, as detailed below. This is based on ADs’ portfolios, responsibilities and interests.

**Dr Alistair Thomson**

**Associate Postgraduate Dean**

**NHS England North West**

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| **Associate Dean & Portfolio**  **(alphabetical order)** | **Area(s)**  **(and days available)** | **Title of Workshop/Lecture/ Presentation** | | **Target Audience (DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc.)** | **Synopsis** | **Learning Objectives** | **Room style**  **Max/ min nos** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Prof Paul Baker**  **DD Foundation**  **Lead**  ***Foundation and Physician Associate***  ***Topics*** | ***(Flexible around days)***  ***Will often be delivered with other team members as appropriate*** | Lessons Learned | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Postgrad team/Trainees | Covers background, design, delivery effectiveness of the Lessons Learned safety programme | Understand and be able to deliver Lessons Learned training.  Mock session demonstrated | Any size possible. Availability of small groups (up to eight) ideal. |
| Designing Ethics, Law and Professionalism Training | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Postgrad teams | Uses the School ethics and law materials – maximise engagement & reflection for peer learning. | Demonstrate the use of School’s training materials.  Identify the key ethics, law & professionalism topics that Foundation doctors request most | Any size |
| Foundation programme design | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Postgrad teams | Outlines the design of Foundation training tracks, using national guidance | Programme submission, expansion and oversubscription, *Broadening the Foundation* Programme, LIFT, Enhance | Any size |
| Physician Associates and MAPs | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Postgrad teams/trainees | Background and latest developments of our newest medical profession | Includes issues around higher education, regulation, employment and career progression | Any size |
| FY1/FY2 buddying training | | FPD/FPA/Foundation doctors  (best done with FY1s in Spring/Summer) | Setting up, running and governance of Foundation buddying systems | Includes aspects of national guidance, MERP, pitfalls and what buddying is not, safety | Any size, availability of small groups (up to eight) ideal. |
| Compassionate Leadership (CL)- with Dr.Alsion Sykes, DME Preston, School CL Lead) | | FPDs/FPAs/MEMs/DMEs | Principles and practicalities of setting up and sustaining CL training | Suitable for any site which does not have CL training current delivery or planned. Based on work of Michael West, Kings Fund & GMC | Any size, availability of small groups (up to eight) ideal. |
| Foundation operational masterclass | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD | Operational issues, many with features unique to Foundation training | Foundation issues around provisional registration, LTFT, TOFP, IFST, SuppoRTT, study leave, SDT | Any size |
| **Prof Simon Carley**  **AD**  ***Tech enhanced learning (covering Enhance)*** | Decision making  Communication and  teaching / assessing complexity and uncertainty  Clinical Judgement  Feedback  Leadership in the Social Age  ***(Tuesday/ Wednesday but flexible around days)*** | *All done as a workshop (1 hour) or lecture 30 mins. Most have pre-recorded versions:* | | | | |  |
| Tribalism in medicine | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | Understand tribalism in medicine and its effect on morale, safety and progression | Identify tribal attitudes & behaviours in the workplace.  Strategies to intervene and improve abnormal tribal behaviours. | Any. |
| Presentation skills, stories, slides and performance | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | Improve presentation techniques using the P3 format | Participants will understand the three main components of a successful presentation and by able to review and critique these elements in themselves or others | Workshop up to 40 persons.  Cabaret best with own laptops. Needs projectors.  2-4 hours. |
| What to believe and when to change <http://stemlynsblog.org/simon-carley-believe-change-smaccgold/> | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | How change does and does not happen in medicine | Understand barriers to change.  Be able to identify and adapt personal and cultural barrier in the adoption or refute of clinical evidence | Any |
| How diagnostic tests really work | | Any audience | Explore how and why diagnostic tests do not perform in a binary way.  Explore probabilistic medicine | Participants will understand uncertainty in diagnostic testing.  Participants will learn a set of skills to explore uncertainty in diagnostics | Usually lecture based. Can be done as workshop.  Slide presentation with audience discussion |
| Are you any good? (as an educator or clinician)  <http://stemlynsblog.org/good-think-st-emlyns-smacc/> | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD, etc. | Expore the concept of excellence in medicine. What is it, how do we spot it, how can we train for it? | Partipants will have a better understanding of their own and colleagues relative performance | Any |
| What happens when you make a terrible error | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | Understand process that takes place after majoe clinical error | Participants will be able to support colleagues undergoing investigation for clinical error (or self for that matter) | Lecture based |
| Why social media is changing medical education  Edutainment <http://stemlynsblog.org/medutainment-and-emergency-medicine-part-3-what-next-and-how-do-i-do-it/> | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | Understand the influence of social media on medical practice | Be able to access and understand how information sources are disrupted through social discourse and online media.  Be able to articulate benefits and risks of social media | Any |
| How to podcast and blog  Clinical Judgement <http://stemlynsblog.org/making-good-decisions-in-the-ed-rcem15/> | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. |  |  |  |
| Performance  feedback in difficult circumstances  <http://stemlynsblog.org/ttcnyc-resources-for-feedback-talk/> | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | How to give difficult feedback |  | Workshop 1-2 hours |
| How to teach when it’s really busy | | ES/ CS etc. | Tips on shop floor teaching when it is really bust |  | Workshop or lecture. |
| How to be a better learner | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | A workshop on learning rather than teaching.  How do we learn?  Breaking the dogma of revision, exams, progression and learning. | Participants will gain an overview of what does, and what does not work in education. | Workshop or lecture. |
| Getting started with online learning. | | Up to 30 persons. | The aim of this workshop is to support educators who wish to establish a social media presence and who wish to gain an understanding how online learning is being used by trainees in different specialties. | \* Setting up basic social media accounts for medical education (e.g. twitter focus)  \* Quality, safety, curation and collation of online learning material  \* Cautions & confidentiality issues in online/social media enabled education  \* Supporting trainees/ trainers to develop their own online learning content. | 1-2 hours workshop |
| Integrating online learning into clinical practice. | | Trainees and trainers. | The aim of this workshop is to help trainees understand how they can integrate online learning into clinical practice. The focus is on helping trainers understand how they can use online resources such as modules, blogs, podcasts and video to support traditional learning models. | \* Flipped Classroom models  \* Safely developing online discussion platforms using common platforms such as WhatsAPP, twitter, Instagram etc.  \* Pitfalls to online learning.  \* Integrating online learning into bedside clinical practice. | 30 min lecture OR 1 hour workshop. |
| **Mrs Fiona Clarke**  **AD**  ***Careers/ Leadership*** | Careers/ Leadership  ***(Thursday/ Friday)*** | Assessment in New Curricula | | DMEs/ HoS /  TPDs/ Trainers & Educators | Explores the history of assessments in curricula and how this has molded the new methods of asssessement | Understand role of assessment  Explore the new types of assessments | Face-to-face or teams |
| Rota Challenges- how rota management can support both education and service | | DMEs/ HoS /  TPDs/ Trainers | Compassionate rota design | Exploring ways of managing rotas to support education and deliver service | Face-to-face or teams |
| Career Converstions | | DMEs/ HoS /  TPDs/ Trainers & Educators | An introduction to career managment | Exploring initial ways to support trainees with career decisions | Face-to-face or teams |
| Holistic Careers Masterclass | | DMEs/ HoS /  TPDs/ Trainers & Educators | Developing further career management skills | Looking at other models of career management | Face-to-face or teams |
| Developing Leadership skills- supporting trainees | | DMEs/ HoS /  TPDs/ Trainers & Educators | How do we develop leadership skills and opportunities for trainees | Exploring opportunities available and how to develop leadership skills in trainees | Face-to-face 2 hours  (20-25  delegates)  or  teams  1 hour  (30-40 delegates) |
| **Dr Tamsin Dunn**  **DD**  ***Learner Support / DDRG / Study Leave/ Lead Employer*** | ***(Wednesday/ Thursday)*** | Professional Support and Wellbeing service (PSW) | | DME / HoS / TPDs / Trainers | Sessions will be delivered as masterclass events to share processes in place for supporting trainees referred to PSW and current support services available from PSW | Update educators regarding PSW function and role | Teams or face-to-face |
| Study Leave masterclass for TPDs | | TPDs | Regular Study leave masterclass events aimed at TPDs to keep everyone up to date. | Updates in study leave policy and process | Face-to-face or teams |
| Clinical Educators | | DMEs/ HoS /  TPDs/ Trainers & Educators | CEs – a way to ringfence clinical education time. How could this work in your specialty? | Experience from national EM project and local Acute Medicine project | Face-to-face or teams |
| Training Recovery | | DMEs / HoS / TPDs/ Trainers | Feedback from the successful projects funded by training recovery funding | Background, current initiatives and pilot projects | Face-to-face or teams |
|  | | | | | |
| **Dr Alison Gale**  **AD**  ***SuppoRTT/***  ***LTFT*** | SuppoRTT/  LTFT  **(*Wednesday/ Thursday)*** | Supported Return to training | | Trainers and/or trainees |  | Background, processes, themes and current data | Face-to-face or Teams  Up to 30 |
| Less Than Full Time Training | | Trainers and/or trainees |  | Background, processes, themes and current data | Face-to-face or Teams  Up to 30 |
| Flexibility in Training | | Trainers and/or trainees |  | Background, processes, themes and current data | Face-to-face or Teams  Up to 30 |
| Each can be delivered as an interactive lecture or workshop. They need 30 mins each, but can be combined into a longer session. | | | | | |
| **Dr Ruth Gottstein**  **AD** | Simulation / Technology Enhanced Learning  (***Wednesdays and other ad hoc week days***) | Incivility | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Trainers/ Trainees | Evidence of the effects of incivility will be presented followed by suggestions to foster civility and kindness in the workplace | To recognise the effects of incivility on individuals as well as on witnesses thereof. Consider the effects on individuals and teams  Strategies to call it out and | Face-to-face 2 hour  workshop  (20-25  delegates)  or  1 hour talk  (30-40 delegates) |
| Debriefing | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Trainers/ Trainees | The pros and cons of both hot and cold post event debriefs  Various debriefing styles / structures will be discussed | to have a structure to facilitate an effective post event debrief | Face-to-face 2 hour  workshop  (20-30  delegates)  or  MS teams  1 hour |
|  |  | Educational supervision | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Trainers/ Trainees | Enhancing educational supervision and ES report writing | To improve ES and quality of ES report writing | Face-to-face 2 hours  workshop  (20-25  delegates)  or  teams  1 hour  (30-40 delegates) |
| **Dr Aruna**  **Hodgson**  **AD**  ***SAS Drs & International Drs*** | SAS Drs & International Drs  ***(Wednesday/ Thursday)*** | Overview of SAS Dr Development in the North West | | SAS Drs/ DME/HoS/TPD/Trainers | Supporting SAS Dr development | Improve understanding of career development options for SAS Drs & the support available in the NW | Teams or face to face  Up to 50  30 - 60 mins |
| Supervising International Medical Graduates | | Anyone involved in supervising international Drs | Enhancing supervision of international Drs | Equip supervisors to be able to support international Drs effectively so they can thrive within their trust and specialty. | Teams or face to face  Up to 50  60 - 90 mins |
| **Dr Richard Hughes**  **AD**  ***Rota Fellows*** | Rota Design  Developing Leaders  ***(Wednesday / Thursday)*** | Creating better rotas | | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Postgrad teams/Doctors in Training/Non-medical Rota Coordinators | Exploring how work-life balance and training opportunities can be improved with thoughtfully designed rotas | Ideas about how to make rotas fit for training as well as service, including increasing autonomy for trainees | Best face-to-face  90 mins - 2 hours |
| Leading People: Dealing with Conflict | | TSTL/ ES/ CS/ HoS/ TPD/ /Doctors in Training | Understanding conflict and the ways with which it can be resolved | Exploring our natural style for dealing with conflict.  Exploring how our default style can be adapted in different situations | Best face-to-face but can be adapted to TEAMS / Zoom  90 mins |
| **Mrs Clare Inkster**  **AD**  ***Values & Behaviours, including Equality, Diversity and Inclusion***  ***(EDI)***  ***Reflective Learning / Global Health*** | Equality, Diversity and Inclusion  Values and Behaviours    ***(Tuesday/ Friday)*** | *EDI-related workshops - an hour and a half (minimum) – or two in a half-day, or all 4 in a whole day* | | | | | |
| Inclusive supervision - Supervising a trainee with differences from yourself | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | |  |  | 1 ½ hours |
| Unconscious Bias | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | |  |  | 1 ½ hours |
| Cultural Intelligence | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | |  |  | 1 ½ hours |
| *Half day (but could do shortened 2 hour version*) | | | | | |
| Reflective practice and developing insight | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | |  |  | If shortened 2-hour. |
| Supportive and effective feedback | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | | N/A yet |  | If shortened 2-hour. |
| Values and Behaviours | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | |  |  | If shortened 2-hour. |
| How to set up a mentoring or buddying scheme | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc. | |  |  | If shortened 2-hour. |
| **Mr Nadeem Khwaja**  **DD**  ***Educator development TPDs HoS*** | (***Fridays)*** |  |  | |  |  |  |
| **Dr Rory McGill**  **AD** | Public Health  Equality, Diversity and Inclusion  *(****Fridays***) | Health inequalities | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc | | A broad overview of what we mean when we discuss health inequalities. This ranges from how the wider determinants impact in health and wellbeing, how the most vulnerable have the disproportionate burden of disease and illness and how inequal access and experiences of health and care can exacerbate differences in health outcomes. This session also includes the importance of EDI in staff and trainee wellbeing which exacerbates health inequalities if not engaged with. | Understand how the wider context impacts on the patients we care for.  Understand the part we play in mitigating health outcomes.  Understanding how EDI can lead to a workforce better suited to lessen health inequalities. | 2 hours |
| Qualitative Research Methods |  | | Session is aimed at explaining how to carry out qualitatyive research in a pragmatic yet evidence informed method to give rich data that captures insights to enact change. | Those who complete the session will have the confidence and tools to carry out qualitative research methods such as semi structured interviews and focus groups in a robust way. | 2 hours |
| **Dr Mumtaz Patel**  **AD**  ***Educational***  ***Scholarship (including R&D), Differential attainment*** | Differential attainment  Role of WPBA/SLEs in Predicting Trainees Requiring Extra Support  Managing and Supporting Doctors in Difficulty – Bringing Research into Practice  ***(Monday/ Tuesday)*** | Improving Quality of Educational Supervisor Reports | DME/ FPD/ ES/ CS/ HoS/ TPD/ etc. | |  |  |  |
| Assessment and Feedback | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | |  |  |  |
| Role of WPBA/SLEs in Predicting Trainees Requiring Extra Support/Doctors in Difficulty | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | |  |  |  |
| Managing and Supporting Doctors in Difficulty – Bringing Research into Practice | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | |  |  |  |
| **Mr David Ross**  **AD**  ***Recovery***  ***Quality*** | ***(Wednesday AM/ Thursday/ & alternating Monday PM/ Wednesday PM)*** | When things go wrong   * Managing Concerns & Professional Standards | PGDiT & LEDs  DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc.  The content and structure can be aligned to the audience & context  Has worked well for a range of learners | | We are poorly prepared for when things don’t quite go the way they should. This session looks at why things go wrong and how to respond – as a doctor, a trainer & a leader | Understanding of common issues.  Increased confidence in how to respond, support and manage when things go wrong | This can be delivered in a range of fashions depending on group size – small groups work well as workshops and is preferred,  -larger groups can be delivered in cabaret style with ‘table goup work’  - Very large can be done lecture style  Time – 1.5 to 2 hours |
| Trainees Requiring Extra Support  (or Colleagues Requiring Extra Support) | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc.  The content and structure can be aligned to the audience & context.  Has also worked well for PGDiT & LEDs | | We will all need extra support at some time in our careers; the right support and the right time is critical to outcome. We will explore how we identify the need, understanding associated processes and how we might support the doctor. |  | 1.5 to 2 hours – longer session allows more scenario discussion.  Works best face to face. |
| Quality & You | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | | We all aspire to deliver a great training experience in our teams, units, organisation. The reality of delivery is complex. | Understanding the quality agenda & quality framework.  Common factors driving poor training experience.  Assessment of quality now and into the future |  |
| **Dr Jo Rowell**  **AD**  ***DDRG,***  ***Oversight for Foundation,***  ***Professional Support Network, Enhance*** | Trainees Requiring Extra Support (TRES),  Foundation topics  ***(Wednesday/ Thursday)*** | Trainees Requiring Extra Support – managing them / common pitfalls for trainees and trainers | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. Can be adapted to audience. | |  |  | (Varying lengths of talks / workshop from 45 mins to 2 hours) |
| Trainers in difficulty | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. Can be adapted to audience. | |  |  | (Varying lengths of talks / workshop from 45 mins to 2 hours) |
| ES report writing. | DME/ FPD/ ES/ CS/ HoS/ TPD | |  |  | (1 hour session up to 3 hour interactive workshop) |
| SMART objective setting (can be combined with above) | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. Can be adapted to audience. | |  |  |  |
| Group facilitation | DME/ FPD/ TSTL/ HoS/ TPD/ etc. Can be adapted to audience. | |  |  |  |
| Giving feedback | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. Can be adapted to audience | |  |  |  |
| **Dr Lina See**  **AD** | Trainee Engagement  Equality, Diversity and Inclusion  (***Tuesdays*)** | Trainee Engagement for all | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ Trainees/ etc | | Understand the barriers and wider determinants in training. Explores how the overlap with EDI principles translates to healthcare delivery and the impact on health inequalities. |  | Face to face 30mins |
|  |  | Allyship in practice workshop | Trainees/ TSTL/ES/CS | | Practical workshop where participants are encouraged to address barriers to training that is different from their own | Participants will learn to identify and support colleagues facing different challenges in training. | 45mins-1hr |
|  |  | Transforming your department’s GMC survey result | TSTL/clinical leads/business managers/matrons | | Experience from local DGH department from underperforming to award winning | Explores variety of strategies to improve local education provision | 15 mins |
|  |  | Developing early career educators | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | | How to develop and engage educators in training, and support those at early career stage |  | 15 mins |
| **Dr Alistair Thomson**  **AD**  ***Faculty/ Educator Development*** | *Faculty/**educator**development*  ***(Tuesday/ Friday/ occasionally Wednesday)*** | Recognition of Trainers (RoT) | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | | How to gain/maintain recognition as ES/CS | 1.AoME domains for ES & CS  2.How to gain recognition  3.How to maintain recognition over 5 years | Min 15  Max N/A  Any that allows discussion in small groups  (1 hour) |
| Promoting Excellence (PE) | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc.  Trainees | | Implications of PE for all | 1.PE  2.Implications for trainers, trainees, Trusts, HEE, etc. | Min 15  Max N/A  Any that allows discussion in small groups  (1-2 hours) |
| Educational and Clinical Supervisors (ES & CS) and Safe Training | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | | How ES & CS contribute to patient safety while training | 1.PE & patient safety  2.Implications for ES & CS – and trainees  Implications for Trusts | Min 15  Max N/A  Any layout that allows discussion in small groups  (1 hour) |
| How to be a Good ES/CS | ES/ CS/ etc. | | How to Imptovr your skills as an ES & CS | 1.Advanced skills for ES & CS  2.What is in it for trainers | Min 15  Max N/A  Any layout that allows discussion in small groups  (1 hour) |
| Enhancing Supervision | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Trainers/ Trainees/etc. | | Recommendations and tips from 2019 report in the Enhancing Junior Drs' Working Lives series. | Definitions, descriptions and lines of communication explored in the report on Enhancing Supervision. Contains extra tips for trainers and trainees on how to maximise benefits of supervision. | Min 15  Max N/A  Any layout that allows discussion in small groups  (1-2 hours) |
| The Hamilton Review 2019 | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/Trainers/ Trainees/etc. | | Review of gross negligence manslaughter after the Bawa-Garba case. | The review contains 29 recommendations many of which impinge on medical education. | Min 15  Max N/A  Any layout that allows discussion in small groups  (1-2 hours) |
| Clinical Incidents and Support for Trainees | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | | How Trusts and educators should support trainees involved in clinical incidents and coroner’s cases | Trainees may need support if involved in even minor incidents. This session explores the Trust and educator system for trainee support and debriefing. | Talk or workshop  Min 15  Max N/A  Any layout that allows discussion in small groups  (1 hour) |
| Safe Reflective Practice in the post-Bawa-Garba era | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | | How trainees (and trainers) should reflect safely and constructively | Using the GMC’s The Reflective Practitioner recommended template to generate an anonymised reflective note with an action plan. | Talk or workshop  Min 15  Max N/A  Any layout that allows discussion in small groups  (1 hour) |
| Supporting Educators  (NACT UK Workshop) | DME/ FPD/ TSTL/ ES/ CS/ HoS/ TPD/ etc. | | How to Support Educators under pressure | 1.Using the NACT UK document ‘Supporting Educators’  2.Discussing scenarios on how to support trainers who are in various difficulties | Min 15  Max 40  Preferably cabaret  or  Any that allows discussion in small groups  (2 hours) |
| How to Plan Your Career in Medical Education | ES/ CS/ Senior trainees/ etc. | | What opportunities exist in medical education and how to access them | 1.What is the framework of medical education? 2.What are the access points?  3.What career paths are possible? | Min 15  Max 40  Preferably cabaret  or  Any that allows discussion in small groups  (0.75 to 1.5 hours) |
| Are You Getting the Best out of your Trainees (Workshop) | ES & CS | | Meeting Trainers’ Expectations of Trainees - and vice versa | 1.Exploring Educational and Clinical Supervision in practice  2.Helping trainers and trainees to get the best from each other | Min 15  Max 40  Preferably cabaret  or  Any that allows discussion in small groups  (1-2 hours) |